program. The lessons to be learned while war production is essential to our very existence as a Nation will not be forgotten; when we enter the period of constructive peace, we shall find that management will attach still greater importance to the maintenance and development of industrial health programs.

Consolidated Aircraft Corporation.

PHYSICIANS' LEGAL RESPONSIBILITIES IN INDUSTRIAL MEDICINE*

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THE Roseberry Employer Liability Law of California, which provided for certain compensation, medical and hospital treatment for industrial injuries, was effective September 1, 1911. In the same year, a constitutional amendment authorized the legislature to enact workmen's compensation laws. These laws, which were made effective January 1, 1914, have been amended many times. In 1917 the act was substantially changed, and the term "injury" substituted for the term "accident." Today "injury" is defined as including any injury or disease arising out of the employment, including injuries to artificial members.

At present, the Compensation Act is not to be found in any one code, but most of it can be found in the Labor Code, the Health and Safety Code, or the Insurance Code. Careful study of the codes and of the court decisions which have been made over a period of years on the various phases of the law is necessary to understand the jurisdiction of the Industrial Accident Commission.

The Labor Code requires that every injury, unless the disability resulting from such injury does not last through the day or does not require medical care other than ordinary first-aid treatment, shall be reported to the Commission. In case of death, the employer must submit a report forthwith by telephone or telegraph.

The term "occupational disease" is not used in the law, and is unnecessary because a disease arising out of the occupation is classed as an injury and, therefore, is compensable in the same way that other injuries are compensable. The requirements for reporting occupational diseases are the same as for reporting any other injury. In 1941, there were 450,793 industrial injuries reported to the Commission, and of these, 113,648 were classed as tabulatable injuries, that is, deaths, permanent disabilities, and temporary disabilities lasting longer than one day. Of the 113,648 injuries, 7,100 were due to "hot, poisonous, and corrosive substances and flames," the classification under which all of the occupational disease cases are included. During 1941, there were 635 industrial deaths, and of these, only 15 were charged to the same heading, "hot, poisonous, and corrosive substances and flames." How many of these could have been classified as occupational diseases, we do not know.

On August 11, 1942, the Commission adopted a resolution providing for the use of standard forms for the reporting of industrial accidents, injuries, or occupational diseases, providing that such injury either disables through the day of injury, or requires medical attention. These forms are for the use of employers, insurance carriers, and physicians, and surgeons.

Many physicians specialize in industrial surgery, but it is only recently that any great number of physicians have given thought to occupational diseases as a group. If the effects on the human body of many of the thousands of chemical compounds that are being put on the market were known to the medical fraternity, provision could be made for protection against the ill effects, if any, of these compounds.

There must be complete coöperation between the chemist, pathologist, pharmacologist, roentgenologist, internist, and the engineer. When the physician states that certain conditions existing in industry are hazardous to health, it is probably within the province of the engineer to provide for the removal or the amelioration of such hazards. Without the coöperation of the entire group, the desired result cannot be achieved.

State Building, Civic Center.

* Abstract of address presented at the Institutes on Wartime Industrial Health in San Francisco, Crockett, Oakland, San Diego, Inglewood, Glendale, and Huntington Park, August 18-28, 1942.

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PROBLEMS IN INDUSTRIAL SURGERY*

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THE surgeon who undertakes to treat an injured workman, covered by industrial accident insurance, immediately involves himself in a series of relationships going far beyond the usual patient-physician relationship of private practice.

The physician becomes at once, judge, recording secretary, bursar, and witness. He may, if so inclined, become a venal biased judge, slovenly recorder, or suborned witness. If he so demeans himself, the true patient-physician relationship is destroyed.

Given the same attitude and interest as shown our private patients, the industrial patient maintains the desired relationship. Under such circumstances, less than one-half of one per cent of in-

* Presented at the Institutes on Wartime Industrial Health in San Francisco, Crockett, and Oakland, on August 18, 19, and 21, respectively.

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